

## **Application Data Sheet** **Under 37 C.F.R. § 1.76**

### **Application Information**

**Application number::**

**Filing Date::**

**Application Type::** Regular

**Subject Matter::** Utility

**Suggested classification::**

**Suggested Group Art Unit::**

**CD-ROM or CD-R?::** None

**Number of CD disks::**

**Number of copies of CDs::**

**Sequence submission?::**

**Computer Readable Form (CRF)?::**

**Number of copies of CRF::**

SYSTEM AND METHOD FOR PROVIDING A  
GENERIC USER INTERFACE TESTING  
FRAMEWORK

**Attorney Docket Number::** BEAS-01512US0

**Request for Early Publication?::**

**Request for Non-Publication?::**

**Suggested Drawing Figure::** 1

**Total Drawing Sheets::** 5

**Small Entity?::**

**Latin name::**

**Variety denomination name::**

**Petition included?::**

**Petition Type::**

**Licensed US Govt. Agency::**

**Contract or Grant Numbers::**

**Secrecy Order in Parent Appl.?::**

## **Applicant Information**

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** US  
**Status::** Full Capacity

**Given Name::** Dan  
**Middle Name::**  
**Family Name::** Seeman  
**Name Suffix::**  
**City of Residence::** Novato  
**State or Province of Residence::** CA  
**Country of Residence::** US  
**Street of mailing address::** 235 Montgomery Street  
**City of mailing address::** San Francisco  
**State or Province of mailing address::** CA  
**Country of mailing address::** US  
**Postal or Zip Code of mailing address::** 94111

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** China  
**Status::** Full Capacity

**Given Name::** Zhibin  
**Middle Name::**  
**Family Name::** Wang  
**Name Suffix::**  
**City of Residence::** Woburn  
**State or Province of Residence::** MA  
**Country of Residence::** US  
**Street of mailing address::** 2315 North First Street

**City of mailing address::** San Jose  
**State or Province of mailing address::** CA  
**Country of mailing address::** US  
**Postal or Zip Code of mailing address::** 95131

## Correspondence Information

**Correspondence Customer Number ::** 23910

**Name::**

**Street of mailing address::**

**City of mailing address::**  
**State or Province of mailing address::**  
**Country of mailing address::**  
**Postal or Zip Code of mailing address::**

**Phone number::** 415-362-3800  
**Fax Number:** 415-362-2928  
**E-Mail address::** [officeactions@fdml.com](mailto:officeactions@fdml.com)

## Representative Information

<b>Representative Customer Number::</b>	23910	
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## Domestic Priority Information

<b>Application ::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>
This application	An application claiming the benefit under 35 U.S.C. 119(e)		

## Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

## Assignee Information

**Assignee name::** BEA SYSTEMS, INC.  
**Street of mailing address::** 2315 North First Street  
**City of mailing address::** San Jose  
**State or Province of mailing address::** CA  
**Country of mailing address::** US  
**Postal or Zip Code of mailing address::** 95131